

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
<b>B. E-MAIL CONTACT AT FILER (optional)</b> uccfilingreturn@wolterskluwer.com	
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> 506787 - KATTFN	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	72141776  RIRI

File with Secretary of State, RI

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1a. INITIAL FINANCING STATEMENT FILE NUMBER 201921682120 10/11/2019 SS RI	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer attach Amendment Addendum (Form UCC3AD) and provide Debtor's name in item 13
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2.  **TERMINATION.** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3.  **ASSIGNMENT (full or partial).** Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4.  **CONTINUATION.** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5.  **PARTY INFORMATION CHANGE.**  
 Check one of these two boxes. AND Check one of these three boxes to  
 This Change affects  Debtor or  Secured Party of record  CHANGE name and/or address Complete item 6a or 6b, and item 7a or 7b and item 7c  ADD name Complete item 7a or 7b, and item 7c  DELETE name Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION.** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME Dermatology Professionals, Inc.				
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7. **CHANGED OR ADDED INFORMATION.** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact full name, do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME Twin Brook Capital Partners, LLC, as Agent			
OR	7b. INDIVIDUAL'S SURNAME		
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX

7c. MAILING ADDRESS 111 South Wacker Drive, 36th Floor	CITY Chicago	STATE IL	POSTAL CODE 60606	COUNTRY USA
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8.  **COLLATERAL CHANGE.** Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTRICT covered collateral  ASSIGN collateral  
 Indicate collateral:

9. **NAME OF SECURED PARTY OR RECORD AUTHORIZING THIS AMENDMENT.** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
 If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME AP Derm Management, LLC				
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA** Debtor Name: Dermatology Professionals, Inc.  
 72141776 386565-69 APDERM

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

## FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form  
 201921682120 10/11/2019 SS RI

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME AP Derm Management, LLC	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction on item 13). Provide only one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME Dermatology Professionals, Inc.			
OR			
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral)

Debtor Name and Address:

Dermatology Professionals, Inc. - , , AL

Secured Party Name and Address:

AP Derm Management, LLC - , , AL

Twin Brook Capital Partners, LLC, as Agent - 111 South Wacker Drive, 36th Floor, Chicago, IL 60606

15. This FINANCING STATEMENT AMENDMENT  
 covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

17. Description of real estate: